

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. \_\_\_\_\_  
ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

RTN Networks, LLC

Application for a certificate of  
prepaid calling service provider authority  
in (list specific area) in the  
State of Illinois.

06-0674

CHIEF CLERK'S OFFICE  
2006 OCT 16 A 11:30  
ILLINOIS  
COMMERCE COMMISSION  
ms

**APPLICATION TO OBTAIN A  
"CERTIFICATE OF PREPAID CALLING SERVICE PROVIDER AUTHORITY"**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name (including d/b/a, if any) FEIN # \_\_\_\_\_

RTN Networks LLC

Address: Street 1001 NW 163 Drive, Miami, FL 33169

City Miami State/Zip 33069

Please complete the following with respect to the Applicant and Underlying Carrier:

2. Please provide the Applicant's toll-free customer service number.

800-568-9429

3. In what area or areas of the state does the Applicant propose to provide service?

Entire State

4. Please attach a sheet designating contact persons to work with Illinois Commerce Commission Staff on the following: See Attached

- a) issues related to processing this application
- b) consumer issues
- c) customer service complaint resolution
- d) technical and service quality issues and compliance with service quality standards and remedies
- e) "tariff" and pricing issues
- f) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

5. Please check type of organization.

☐ Individual ☒ Corporation  
☐ Partnership Date corporation was formed \_\_\_\_\_  
In what state? \_\_\_\_\_  
☐ Other (Specify) \_\_\_\_\_

6. Submit a copy of articles of incorporation or other organization documents, a copy of any contract with any underlying carrier(s) and a copy of certificate of authority to transact business in Illinois.

7. List jurisdictions (other than Illinois) in which Applicant is offering service(s). None

None \_\_\_\_\_  
\_\_\_\_\_

8. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

9. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. \_\_\_\_\_  
\_\_\_\_\_

10. Has Applicant provided service under any other name?

☐ YES ☒ NO

If YES, please list. \_\_\_\_\_  
\_\_\_\_\_

11. Is the Applicant seeking an expedited application pursuant to Section 13-404.1(b)?

☐ YES ☒ NO

If YES, please provide the name of the underlying carrier(s) and the docket number of the underlying carrier(s) certification proceeding. \_\_\_\_\_  
\_\_\_\_\_

#### MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in narrative form, resumes of key personnel, or a combination of these forms. (See Attached)

13. List officers or principals of Applicant.

Kenneth Jacobi - President

14. Does any officer or principals of Applicant have an ownership or other interest in any other entity, which has provided or is currently providing telecommunications services? ☐ YES ☒ NO

If YES, list entity. \_\_\_\_\_

15. How does Applicant propose to handle service complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

A credit allowance for RTN Networks Prepaid Calling Card Service is applicable to calls that are interrupted due to poor transmission, one-way transmission, or involuntary disconnection of a call. To receive the proper credit, the Customer must notify the Company at the designated toll-free customer service number printed on the RTN Networks Prepaid Calling Card and furnish the called number, the trouble experienced (e.g. cut-off, noisy circuit, etc.), and the approximate time that the call was placed. When a call charged to a RTN Networks Prepaid Calling Card is interrupted due to cut-off, one-way transmission, or poor transmission conditions, the Customer will receive a credit equivalent of one Telecom Unit. Credit allowances for calls pursuant to RTN Networks Prepaid Card Service do not apply for interruptions not reported promptly to the Company or interruptions that are due to the failure of power, equipment or systems not provided by the Company. Credit for failure of service shall be allowed only when such failure is caused by or occurs due to causes within the control of the Company

16. Does Applicant currently maintain service quality standards?

☒ YES ☐ NO

If YES, please attach what those standards are, any credits that may be issued for failures and how customers are notified.

17. Will personnel be available at Applicant's business office during regular working hours to respond to customer inquiries about service or billing? ☒ YES ☐ NO

18. What telephone number(s) would a customer use to contact your company (other than the toll-free customer service number provided in response to question 1)?

305-914-3486

19. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☐ YES ☐ NO

**FINANCIAL**

20. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

#### TECHNICAL

21. Does Applicant utilize its own equipment and/or facilities? \_\_\_\_ YES \_\_X\_\_ NO

If YES, please list the equipment and / or facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

\_\_\_\_\_  
\_\_\_\_\_

If NO, which underlying carrier's facilities does the Applicant intend to use?

Intelligent Switching & Software, LLC

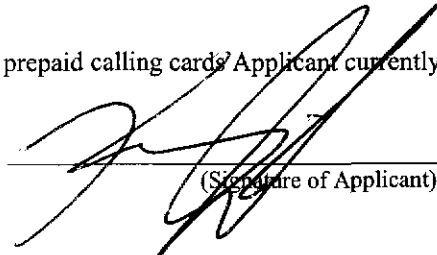
22. Please describe the nature of prepaid service to be provided (e.g., general service, location specific service, discounted rates for specific countries, etc.).

Prepaid Phone Card

23. Will technical personnel be available at all times to assist customers with service problems?

✓ YES \_\_\_\_ NO

24. Please attach a copy of the front and back of any prepaid calling cards Applicant currently sells.

  
(Signature of Applicant)

VERIFICATION

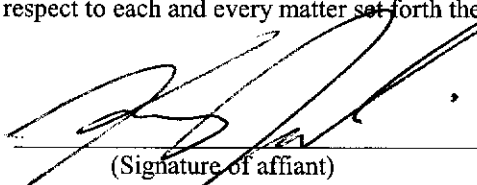
This application shall be verified under oath.

OATH

State of Georgia )  
County of Gwinnett )ss

Kenneth Jacobi makes oath and says that he is President  
(Insert here the name of affiant) (Insert the official title of the affiant)  
of RTN Networks LLC  
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Relationship Banker  
(Title of person authorized to administer oaths)

in the State and County above named, this 13<sup>th</sup> day of October, 2006

Kim Nguyen  
(Signature of person authorized to administer oath)

My Commission Expires October 27, 2008

